

100551155

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7	1		1			
8		2		2		
9		3		3		
10		4		4		
11		5		5		
12		6		6		
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32		26		26		
33		27		27		
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35		29		29		
36		30		30		
37		31		31		
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44		38		38		
45		39		39		
46		40		40		
47		41		41		
48		42		42		
49		43		43		
50		44		44		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						